

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2017
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NAME OF PROVIDER OR SUPPLIER SENTARA NURSING CENTER VA BEAC	STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY VIRGINIA BEACH, VA 23452
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 1/17/17 through 1/19/17. Three complaints were investigated. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 116 bed facility was 100 at the time of the survey. The survey sample consisted of 17 current resident reviews (Residents #1 through 17) and 4 closed record reviews (Resident #18 through 21).</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-370 (A) Maintenance and Housekeeping Please Cross Reference F253</p> <p>12 VAC 5-371-220 (C) Nursing Services Please Cross Reference F323</p> <p>12 VAC 5-371-300 (B) Pharmaceutical Services Please Cross Reference F431</p> <p>12 VAC 5-371-300 J3 Cross reference F431</p> <p>12 VAC 5-371 - 180 A., B., and C., 1., and 3 Infection Control Cross reference to F Tag 441 12 VAC 5-371 -250 (A, D, E). Resident Assessment Cross Reference to F-278.</p> <p>12 VAC 5-371 -250 (C, F, H, I). Resident</p>	F 001	<p>F 253 SS=D</p> <ol style="list-style-type: none"> Room 201 placed a wallboard behind resident bed (B) and the area between bed A and bed B another wallboard was installed. Room 234 wallboard placed behind the bed refer to attached with photograh Wall Defenders are being purchased for all resident rooms and these will be to the back of each bed to prevent the wall from being damaged. Contractor will be providing quote on a full resident room remodel project. Maintenance Team has installed a new work order system to address any resident 	3/5/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/10/17

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F 001	Continued From page 1 Assessment and Care Plan Cross Reference to F-280. 12 VAC 5-371-340(A). Dietary and Food Service Program. Cross-Reference to F-371	F 001	room issues to include wallpaper removal or repair. In addition Maintenance participates in monthly Environment of Care Rounds with Housekeeping and Administrator 5. Corrections in Place by March 5, 2017 F431 #1 - The missing controlled medication for Resident #21 has been investigated and reported to appropriate agencies. Controlled medications for discharged residents were removed from the refrigerator locked box and the prescription forms are removed from the cart. #2 - Any resident requiring controlled medication is at risk to be affected by this deficient practice. #3 - All facility staff nurses will be educated by the SDC (designee) on the location of the key to the storage box for controlled substances and on policies pertaining to reconciliation of controlled medications at change of shift, removal of controlled medications for discharged residents, and storage of practitioner prescription forms. #4 - The Clinical Manager (designee) will verify daily that one nurse knows location of the storage box key for a week then three nurses weekly for seven weeks. The Clinical Manager (designee) will verify that	

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F 001	Continued From page 2	F 001	reconciliation of controlled medications occurs at each shift change, that medications for discharged residents are promptly removed daily and that there are no prescription forms with DEA numbers or provider name stored on medication carts for one week then 3 times weekly for two weeks and weekly thereafter for two months and report to QAPI. #5 - March 5, 2017.	